

United States District Court
FOR the DISTRICT OF Massachusetts

Adalberto M. Andrade
 Petitioner,
 Plaintiff

**APPLICATION TO PROCEED
 WITHOUT PREPAYMENT OF
 FEES AND AFFIDAVIT**

v.

**JOHN ASHCROFT, Attorney General
 ET AL.**

CASE NUMBER:

I, Adalberto M. Andrade declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant ☐ other

In the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Part 2)

If "Yes" state the place of your incarceration. _____

Are you employed at the institution? NO Do you receive any payment from the institution? _____

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

N/A (Incarcerated)

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

N/A

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts?

☐ Yes

☒ No

If "Yes" state the total amount.

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value?

☐ Yes

☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

None at this time (Incarcerated)

I declare under penalty of perjury that the above information is true and correct.

April 28, 2004

DATE

Adalberto Andrade

SIGNATURE OF APPLICANT

CERTIFICATE
(Prisoner Accounts Only)

I certify that the applicant named herein has the sum of \$ _____ on account to his credit at the _____ institution where he is confined. I further certify that the applicant likewise has the following securities to his credit according to the records of said institution: _____

I further certify that during the last six months the applicant's average balance was \$ _____

Authorized Officer of Institution